

NOTICE OF PRIVACY PRACTICES – 7/20/2023



Cape Cod Dermatology, LLC strives to give you the highest quality health care and to have a relationship with you that is built on trust. This trust includes our commitment to respect the privacy and confidentiality of your protected personal health care information. Cape Cod Dermatology, LLC retains the right to use and share your protected health information for the following purposes:

- Treatment: to help coordinate and manage care with your providers (physicians, hospitals, and other caregivers). For example, we may discuss your treatment plan with your physician or surgeon.
- Payment: Cape Cod Dermatology, LLC will use and share your personal health information as necessary to bill and collect payment for the health care services provided to you. For example, if you have health insurance, your health care provider will share your medical information with your insurance company (for example, Blue Cross Blue Shield or Medicare). We have indirect treatment relationships with your providers (such as laboratories & pharmacies) and may have to disclose your personal health information for the purposes of treatment, payment, or health care operations.
- Cape Cod Dermatology, LLC may use and share your personal health information with its business associates for activities that are known as health care operations. For example, we will share your information with Cape Cod Healthcare as required for auditing purposes. For example, we may utilize off site data backup and shredding companies. Our business associates are required to protect your personal health information.
- As required by state and federal laws and regulations and for required public health reporting.
- As authorized by and as necessary to comply with workers compensation laws.
- Cape Cod Dermatology, LLC may use your health information to obtain your telephone number and/or address to contact you about scheduled or cancelled appointments, registration/insurance updates, billing or payment matters, surgical appointments, test results, and/or other matters related to your care as a patient. You have the right to request in writing for restrictions on the use of your contact information (for example, you may request that voicemail and/or other messages not be left at your contact number).

**Your additional rights regarding your protected health information (PHI):**

- Under ordinary circumstances, uses and disclosures not described in this Notice of Privacy Practices require your authorization.
- You have the right to restrict disclosures of your PHI to your health plan when you pay out of pocket in full for your health care visit. Please note that a request for information restriction must be accompanied by a written request at the time of your paid in full office visit.
- Cape Cod Dermatology, LLC will notify you in the event of a breach of unsecured personal health information.
- You have the right to a copy of your medical record. Requests for medical records must be made in writing. Cape Cod Dermatology, LLC will respond to your request within 14 business days.
- If you are asked to and give written permission for the use and/or disclosure of your health information, you may withdraw such consent at any time in writing except to the extent that Cape Cod Dermatology, LLC has already acted upon your previously provided consent.
- Cape Cod Dermatology, LLC retains the right to change its privacy practices and the terms of this notice at any time. Cape Cod Dermatology, LLC retains the right to make the new notice provisions effective for all protected health information it retains.